PART B - FEE(S) TRANSMITTAL

Complete and send this form, together w... applicable fee(s), to: Mail Mail Stop ISSUL FEE

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

21559	/590 10/18	72006	/	POA		Cor	tificate	of Mailing or Transi	niccion	
CLARK & ELE			(JAN	2 2 2007	I he	reby certify that th	is Fee(s) Transmittal is being	deposited with the United	
101 FEDERAL S	PATE	4 2 200/	addı	es Postal Service we ressed to the Mail	/ith suf Stop	ficient postage for firs ISSUE FEE address	deposited with the United t class mail in an envelope above, or being facsimile ate indicated below.			
BOSTON, MA 0			(//.E3b)		tran	smitted to the USP	TO (57	1) 273-2885, on the da	ite indicated below.	
)1/22/2007 BABRAHA2	DEMARK OF	Jeremy Waterman			(Depositor's name)					
01 FC:2501 700.00 0P 02 FC:1504 300.00 0P					L	rung les	olu		(Signature)	
)3 FC:8001		00 OP				(Janua	<u>} 1</u>	7,2007	(Date)	
APPLICATION NO.	FILING DATE			FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/715,868	11/17/2003		Juan Arroyo			06132/075002 5599		5599		
TITLE OF INVENTION: WEST NILE VIRUS VACCINE										
								•		
	-							•		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE		PUBLICATION FEE DUE		PREV. PAID ISSUE FEI		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES		\$700	\$300		\$0		\$1000	01/18/2007	
EXAMINER			ART UNIT	CLASS-SUBCLASS						
SALVOZA, M FRANCO G			1648	424-218100						
. Change of corresponder	nce address or indicatio	e Address" (37	2. For printing on the patent front page, list							
CFR 1.363). Change of correspo	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,									
Address form PTO/SB/122) attached. (2) the name o						a single firm (having as a member a 2				
"Fee Address" indic PTO/SB/47; Rev 03-02	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.									
Number is required.	<u> </u>	listed, no name will be printed.								
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)										
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
Acambi	Acambis Inc.			Cambridge, MA						
Please check the appropriate assignee category or categories (will not be printed on the patent):										
4a. The following fee(s) are submitted: XI Issue Fee				b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.						
Publication Fee (No small entity discount permitted)				Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # of Copies				The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any						
				overpayment, to I)epos	it Account Numbe	r03 <u>–</u>	2095 (enclose an	extra copy of this form).	
5. Change in Entity State a. Applicant claims	us (from status indicated SMALL ENTITY statu			☐ b. Applicant is no	lone	er claiming SMAL	L ENT	TTY status. See 37 CF.	R 1.27(g)(2)	
NOTE: The Issue Fee and	Publication Fee (if requ	uired) v	ill not be accepted	from anyone other the					assignee or other party in	
nterest as shown by the re	ecords of the United Sta	tes Pate	nt and Trademark	Office.						
Authorized Signature Sum M. Muchand Date January 17, 2007										
Typed or printed name		Date								
This collection of informa in application. Confidenti submitting the completed his form and/or suggestic Sox 1450, Alexandria, Vi Alexandria, Virgina 2231	ality is governed by 35 application form to the ons for reducing this burginia 22313-1450. DC	FR 1.3 U.S.C. USPTO den, sh	1. The information 122 and 37 CFR D. Time will vary ould be sent to the SEND FEES OR C	n is required to obtain 1.14. This collection is depending upon the Chief Information C COMPLETED FORM	or restindiving	etain a benefit by the mated to take 12 m dual case. Any cor r, U.S. Patent and 7 THIS ADDRESS.	ne publi ninutes nments Fradem SENE	c which is to file (and to complete, including on the amount of tim ark Office, U.S. Depar TO: Commissioner for	by the USPTO to process) gathering, preparing, and e you require to complete tment of Commerce, P.O. or Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.